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WILLIAM T FUJIOKA
Chief Executive Officer

April 1, 2008

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**PROBATION DEPARTMENT: ADOPT A RESOLUTION TO SUPPORT THE
COUNTY'S PARTICIPATION IN THE SENATE BILL 81 PILOT PROJECT
ADMINISTERED BY THE CORRECTIONS STANDARDS AUTHORITY FOR AN
ADULT DAY REPORTING CENTER
(3 VOTES, ALL SUPERVISORIAL DISTRICTS)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Adopt the attached Resolution to support the County's participation in the SB 81 Pilot Project administered by the Corrections Standards Authority (CSA) for an Adult Day Reporting Center (DRC) (Attachment I).
2. Authorize the Chief Probation Officer to accept \$5 million in grant funding for a pilot project available through Senate Bill (SB) 81 for the grant period administered by CSA.
3. Approve ordinance authority in FY 2008-09 for the Probation Department to fill nine (9) permanent grant-funded full-time equivalent positions in excess of what is provided in the Department's staffing ordinance pursuant to Section 6.060.20 of the county code, and subject to the Department of Human Resources review and allocation (Attachment II).
4. Authorize the Chief Probation Officer to sign a County's SB 81 Pilot Project program agreement, amendments, and related documents or extensions with CSA, and to modify the Pilot Project Plan consistent with grant requirements with prior notification to the CEO and your Board (Attachment III).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the recommended actions is to obtain Board approval to adopt a resolution to support the County's participation in the SB 81 Pilot Project administrated by CSA, and to authorize the Chief Probation Officer to accept \$5 million in grant funding from CSA. To release the grant funds, CSA requires that a resolution be approved and adopted by your Board.

Ordinance authority is requested for fiscal year 2008-09 to fill nine permanent, grant-funded full-time equivalent positions. Additionally, delegated authority is requested to allow the Chief Probation Officer to sign a program agreement, amendments, and related documents or extensions with the CSA and to modify the Pilot Project Plan consistent with grant requirements with prior notification to the CEO and your Board.

The proposed pilot project is for an DRC that will provide evidence-based interventions targeting the criminogenic needs of adult males at risk of violating their probation in the community. The pilot project will target the gang affiliated emergent adult population (probationers' between the ages of 18 to 25 years old) who reside in known gang hotspots. Statistics show that probationers within this age group are more likely to recidivate; therefore, this population is in the greatest need of interventions to target its criminogenic needs.

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with the Countywide Strategic Plan Goal No. 4: Fiscal Responsibility, and Goal No. 8: Public Safety.

FISCAL IMPACT/FINANCING

There is no net County cost (NCC) match requirement. The Plan's total maximum obligation is \$5 million fully funded by the grant funds.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

CSA allocated funding for two one-time probation pilot projects. The Department was selected to participate in the pilot project along with the Alameda County Probation Department. Each pilot project was funded at \$5 million and the funds are available for expenditure for a period of three years effective August 24, 2007 through August 23, 2010. The overall purpose of the pilot projects is to test models for reducing the number of offenders sentenced to state prison. Additionally, the CSA requires that the Department provide a report and evaluation of this pilot project.

The proposed pilot project targets 18 to 25 year olds, which includes probationers with known gang affiliations. The pilot project also targets probationers within jurisdictions within a county that are known gang "hot spots." The Department will work with other local law enforcement agencies to coordinate the project and enhance services to the gang "hot spot."

The pilot project will be implemented as outlined in the attached plan contingent on County processes and critical grant deadlines. In the event that a site is unable to be secured, the plan will be modified, with approval from CSA, to meet the grant requirements without modifying the final outcomes.

IMPACT ON CURRENT SERVICES

If awarded, the CSA SB81 Adult DRC Pilot Project will allow Probation to enhance the capacity of local communities to implement an effective continuum of response to the emerging adult population.

CONCLUSION

Attached is the resolution for approval and signature. Upon approval by your Board, it is requested that the Executive Officer/Clerk of the Board send the adopted Board Letter and the original signed resolution to Ms. Yolanda Young, Director, Probation Department, Contracts and Grants Management Division, 9150 East Imperial Highway, Downey, CA Downey, CA 90242.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:SRH:RDC
RBT:YY:yjf

Attachments (3)

c: Executive Office/Clerk of the Board
County Counsel

Attachment I

**RESOLUTION TO SUPPORT THE COUNTY'S PARTICIPATION IN THE
SENATE BILL 81 PILOT PROJECT ADMINISTERED BY THE CORRECTIONS
STANDARDS AUTHORITY (CSA)**

WHEREAS the County of Los Angeles Probation Department is seeking funding for a pilot project available through Senate Bill 81 administered by the Corrections Standards Authority (hereafter referred to as CSA);

NOW, THEREFORE, BE IT RESOLVED that the Chief Probation Officer is authorized by the Board of Supervisors to sign the Program Agreement with the CSA, including any extensions or amendments thereof, on behalf of the county.

BE IT FURTHER RESOLVED that federal grant funds received hereunder shall not be used to supplant expenditures controlled by the Board of Supervisors.

BE IT FURTHER RESOLVED that the county agrees to abide by the statutes and regulations governing the Program Agreement as well as the terms and conditions of the Agreement as set forth by the CSA, including the retention of financial records substantiating claimed expenditures and the submission of Semi-Annual Progress Reports, a Formal Project Evaluation and an End of Project Report.

The foregoing resolution was on the 1ST day of APRIL, 2008, adopted by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which Board so acts.



SACHI A. HAMAI, Executive Officer-
Clerk of the Board of Supervisors of
The County of Los Angeles

By [Signature] Deputy

APPROVED AS TO FORM:

Raymond G. Fortner, Jr.
County Counsel

By

[Signature]
Gordon W. Trask
Principal Deputy County Counsel

Attachment II

**Proposed Grant Funded FTE Positions
Day Reporting Center
Senate Bill 81 Pilot Project**

POSITION	TOTAL
Supervising Deputy Probation Officer (SDPO)	1
Deputy Probation Officer II (DPOII)	6
Intermediate Typist Clerk (ITC)	2
TOTAL	9

ATTACHMENT III

ADULT DAY REPORTING CENTER PILOT PROJECT PLAN

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Executive Summary

The Los Angeles County Probation Department has embarked on an organizational change model, from monitoring and control, to a behavioral change and treatment approach using Evidence-Based Practices (EBP).

EBP is the cornerstone of the major paradigm shift that the Department has undertaken since September 2006. Our EBP paradigm has eight basic principles as defined by the National Institute of Corrections:

1. Assess Actuarial Risk/Needs – Assessing offender's risk and needs (focusing on dynamic and static risk factors and criminogenic needs).
2. Enhance Intrinsic Motivation.
3. Target Interventions:
 - Risk Principle – Prioritize supervision and treatment resources for high risk offenders.
 - Need principle – Target interventions to criminogenic needs.
 - Responsivity Principle – Be responsive to temperament, learning style, motivation, gender, and culture when assigning to a program and/or service.
 - Dosage – 40 to 70% of high-risk offender's time for three to nine months.
 - Treatment Principle – Integrate treatment into comprehensive sentence/sanction requirements.
4. Skill Training with Directed Practice – Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff.
5. Increase Positive Reinforcement – Apply four positive reinforcements for
6. every one negative reinforcement.
7. Engage Ongoing Support in Natural Communities – Realign and actively engage pro-social support for offenders in their communities.
8. Measure Relevant Process/Practice – Complete an accurate and detailed documentation of case information and staff performance, along with formal and valid mechanism for measuring outcomes.
9. Provide Measurement Feedback – Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.

The Adult Field Services Bureau is piloting an Adult Day Reporting Center (DRC) in the area of a known gang hotspot that will target the criminogenic needs of Adult Male probationers at risk of violating in the community. The Los Angeles County Probation Department will utilize a grant of five million dollars from the state to target a segment of the emergent adult population (SB 81/AB 191), probationers' between the ages of 18-25 years old who are known gang members or are likely to be influenced by the gang culture. Statistics show that probationers' within this age group are more likely to recidivate. Therefore, this

population has the greatest need for evidence-based interventions to target their criminogenic needs in order to reduce recidivism.

The Day Reporting Center will be designed for male emerging adults that have been identified as high risk, as measured by the Modified Wisconsin risk assessment. Once assigned to the DRC the offender will be assessed for treatment readiness (i.e. motivation to change) and specific responsivity (e.g., language, gender, ethnicity, etc.) issues so that interventions are adapted to the learning styles and motivation of the offender.

Thereafter, a Multidisciplinary Team (MDT), including the Deputy Probation Officer, education counselor, employment readiness counselor, substance abuse treatment provider, and the adult's family (when applicable) will meet with the probationer to develop a comprehensive, individualized case plan. The probationer will participate in structured behavioral, social learning and cognitive behavioral evidence-based interventions to target their prioritized criminogenic needs. Treatment groups will be facilitated by Deputy Probation Officers (DPOs) and Community Based Organizations (CBOs) trained in principles of effective correctional interventions utilizing a cognitive behavioral curriculum.

The case managing Deputy Probation Officer will monitor the probationer's progress throughout the program and update the offender's case plan as determined by the MDT.

Prior to completion/termination of the probationer's day reporting program, the offender will be reassessed to measure treatment effectiveness and the MDT will assist the offender in developing a structured aftercare relapse prevention plan.

The Day Reporting Center is designed to align with the principles of effective correctional interventions. Specifically, the program will rely on actuarial assessments, will match the level of services to the needs of the emergent adults, and will target criminogenic needs using cognitive-behavioral interventions to bring about long-term behavioral change while receiving pro-social support from their community.

Introduction

Los Angeles County has documented more than 1,400 street gangs. While crime statistics have declined overall; gang crime and violence in Los Angeles are up (The Advancement Project, 2006). Gang violence and crime impact the quality of life in the community while destroying the lives of children who live there.

Los Angeles County has developed initiatives through various County Department's to prevent and reduce gang activity and neighborhood violence. One such effort is the long standing law enforcement strategy of suppression which has only been successful in keeping the gang violence primarily located in poor, minority neighborhoods. Suppression and incarceration are costly and do not aim at changing the underlying community conditions nor do they apply the techniques proven to be effective at addressing the individual influences that promote crime (i.e., criminogenic needs). The rising costs of incarceration and high rates of recidivism at the State and Local levels have encouraged the criminal justice system to look at alternatives to incarceration while maintaining supervision of offenders. Strategies to keep the offender in the community while providing interventions to rehabilitate and effect positive behavioral change have proved to be more effective at reducing recidivism (Andrews, D.A., Zinger, I, Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. 1990).

State Assembly Bill 191 authorized the Corrections Standards Authority to allocate funding for two one-time probation projects. Each pilot project is to be funded at five million dollars available for expenditure over a three year period. The overall purpose of the project is to test models for reducing the number of offenders sent to state prison. More specifically, "The funding for the pilot project may be used to fund prevention or supervision services for probationers. The pilot project shall target 18 to 25 year-old, inclusive, probationers with known gang affiliations. The pilot project should target probationers within a jurisdiction or jurisdictions within a county that are known gang "hot spots." Additionally, the legislation stated that one pilot project shall be provided to one county probation department in a large, urban community. Therefore, Los Angeles County Probation Department was selected to receive one of the two five million dollar grants.

Due to the complexity and nature of gangs in Los Angeles County, reduction and prevention strategies need to be specialized to target gang specific risk factors and offer programs to address those criminogenic needs. Based on research underlying evidence based practices of correctional interventions, the Los Angeles County Probation Department has proposed the construction of a Day Reporting Center service delivery method.

A Day Reporting Center (DRC) is a one-stop community center for supervision and treatment. Offenders must report to the center on a weekly basis. The

number of days is individualized based upon the level of supervision required. Daily check-in and treatment activities will correspond with the level of risk, ranging from intensive (several days a week) to less intense (dependent on behavior, treatment responsiveness, etc.). When effective, Day Reporting Centers have been proven to reduce jail overcrowding and lower recidivism rates saving taxpayer dollars (Craddock, 2000).

The Los Angeles County Probation Department has identified the Florence/Firestone "gang hot spot" area for the proposed DRC. However, participants will be drawn from all zip codes within the Second Supervisorial District. This area had the highest number of resident probationers with felony offenses who have a gang affiliation.

The proposed DRC facility in this area will be designed to co-locate additional County Department's and resources (i.e., mental health, substance abuse treatment, social and children family services, and education/vocational services). Collaboration will enable the Departments' to develop comprehensive strategies to provide blended resources for those offenders who are motivated to make a safe exit and transition from gang life. The proposed DRC facility will be secured to provide a safe, supportive and therapeutic environment.

The proposed intervention and supervision strategies offered at the DRC will be based upon the "What Works" principles as determined by empirically researched practices and principles common to effective public safety and offender programs (Latessa, E.J. & Lowenkamp, C.T. 2006). Specifically, the program will rely on actuarial assessments, match the level of services to the needs of the emergent adults, and target criminogenic needs using cognitive-behavioral interventions to bring about long-term behavioral change while receiving pro-social support from their community.

The Los Angeles County Probation Department has embarked on an organizational model, from monitoring and control model, to a behavioral change and treatment approach using Evidence-Based Practices (EBP).

EBP is the cornerstone of the major paradigm shift that the Department has undertaken since September 2006. Our EBP paradigm has eight basic principles as defined by the National Institute of Corrections:

1. Assess Actuarial Risk/Needs – Assessing offender's risk and needs (focusing on dynamic and static risk factors and criminogenic needs).
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4. Skill Training with Directed Practice – Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff.
 5. Increase Positive Reinforcement – Apply four positive reinforcements for every one negative reinforcement.
 6. Engage Ongoing Support in Natural Communities – Realign and actively engage pro-social support for offenders in their communities.
 7. Measure Relevant Process/Practice – An accurate and detailed documentation of case information and staff performance, along with formal and valid mechanism for measuring outcomes.
 8. Provide Measurement Feedback – Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.

Through research and application, it has been shown that when the eight EBP principles are implemented with fidelity, they will reduce recidivism (Gendreau, P. 1996).

Program Goals

The primary goals of the Los Angeles County Probation Department are to reduce recidivism, improve public safety, and effect positive behavioral change. These goals are consistent with the state's goal, which is to decrease the number of offenders sent to prison.

In support of the Department's goals, the Adult Field Services Bureau (AFSB) has identified two additional goals: 1) To improve the rate of successful completion of probation, including payment of probation fines and 2) To decrease the number of violations leading to incarceration.

The DRC will achieve these goals through the following objectives:

- Provide offenders with evidence-based interventions that target criminogenic needs.
- Provide offenders with activities to increase responsivity to treatment.
- Provide offenders with referrals for services needed not available at the DRC (i.e., health and housing, etc.).
- Provide offenders with skills and referrals to obtain/maintain verifiable employment and/or educational/vocational involvement.

- Decrease the need for intensive supervision based upon the decreased risk level of the offender after successful completion of interventions.
- Increase the sobriety of offenders.

The Department expects that the successful outcome of providing evidence-based practices at the Day Reporting Center will result in a reduction in recidivism and gang related offenses, as well as a decrease in the number of probationers sentenced to state prison.

Target Population

The Day Reporting Center will target the emergent adult population, probationers' with a felony conviction between the ages of 18-25 years old who are known gang members or gang affiliates. Research has shown that probationers' within this age group are more likely to recidivate (reference). Therefore, this population has the greatest need for evidence-based interventions to target their criminogenic needs in order to reduce recidivism.

Demonstration Project Subject Inclusion Criteria

- Male adult
- Ages 18-25
- Modified Wisconsin risk assessment score >15
- Zip Codes
- Gang Affiliation
- Minimum one and one half years left on formal probation grant

Any probationer meeting the above inclusion criteria who have been convicted of a registrable sex offense, per PC 290, will be excluded from participation in this demonstration project.

Demonstration Project Referral Sources

Probationers meeting the subject inclusion criteria will be referred into the demonstration project from the following two sources:

- The Investigation officer will pre-screen appropriate demonstration project subjects and make a recommendation to the court in the pre-sentence report based upon the inclusion criteria
- The Supervision officer will make a referral to the demonstration project based upon the inclusion criteria.

Appropriate referrals (all probationers meeting inclusion criteria and failing to meet exclusion criteria) from both sources will be sent to the Supervisor of the Day Reporting Center who will chronologically, systematically assign the

demonstration project subjects into the two treatment conditions (DRC or comparison group).

DRC Treatment Model

The Treatment Process Model includes Motivation and Induction, Planning Treatment Care, Case Management/Reward Strategies, Support Networks and Re-entry Skills. The model will work in three phases of successful progression:

Phase One

Motivation and Induction
Planning Treatment

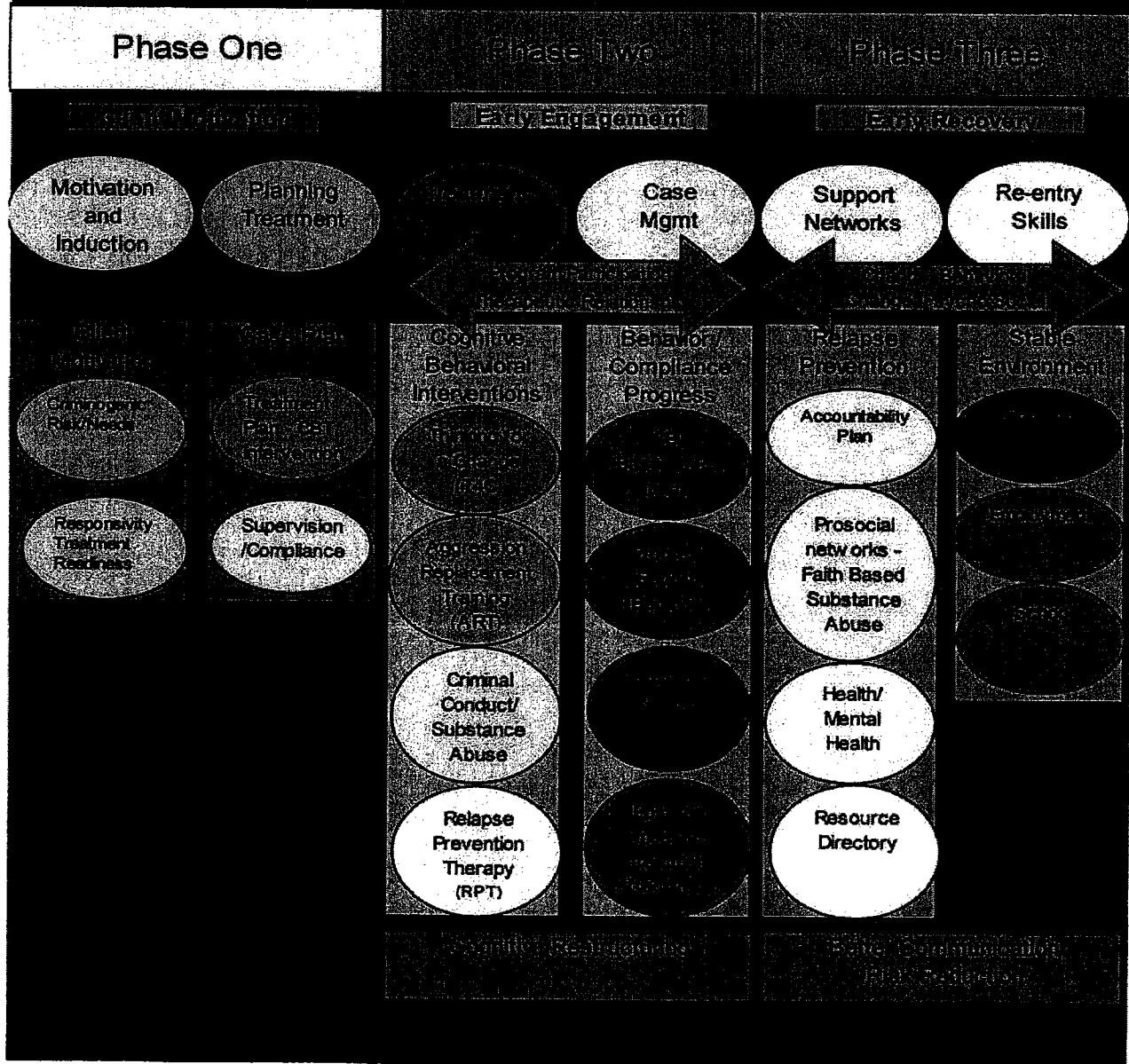
Phase Two

Treatment
Case Management/Reward Strategies

Phase Three

Support Networks
Re-entry Skills

DRC Treatment Model



Adapted from TCU "Treatment Process Model"

Phase One

Motivation and Induction

Orientation

Once the emergent adult probationer arrives at the DRC the intake process begins. The offender will meet his Deputy Probation Officer (DPO) for Orientation and Assessment. All probationers will be provided with information regarding the conditions of probation as well as their participation and expectations of supervision while assigned to day reporting. The DPO will use motivational interviewing techniques to increase the engagement of the offender from the onset. The program is not to be "done to" the offender but "done with" the offender. As such, the offender will need to participate in the development of his/her own plan.

Assessment

All adults on Probation receive a Level of Service Case Management Inventory (LS/CMI) assessment to identify risk levels and criminogenic needs. Additionally, emergent adults ordered to the DRC shall have an educational/vocational aptitude test and be assessed for treatment readiness (motivation to change) and specific responsivity (language, gender, ethnicity, etc.) issues so that interventions are adapted to the learning styles and motivation of the offender. The specific assessments are listed below:

Level of Service/Case Management Inventory (LS/CMI)™

The Level of Service Case Management Inventory is a validated comprehensive measure of risk and need factors as well as case management tool used to assist in the treatment and planning with offenders. It includes general and specific risk/need components, addresses other client issues (social, health, mental health), and responsivity concerns. The assessment provides scores in eight subcomponents, Criminal History, Education/Employment, Family/Marital, Leisure/Recreation, Companions, Alcohol/Drug Problem, Procriminal Attitude/Orientation, and Antisocial Pattern. These subcomponents have been termed the "big eight" by researchers because of their well evaluated predictivity of risk and needs.

Addiction Severity Index (ASI)

The Addiction Severity Index is a standardized, reliable instrument for evaluating substance use related problems of adults. The ASI was designed to address seven potential problem areas in substance abusing clients: Medical status, Employment and support, Drug use, Alcohol use, Legal status, Family/social

status and Psychiatric status. It identifies urgent and chronic concerns for a better understanding of treatment needs.

Client Evaluation of Self and Treatment, Intake Version (TCU CEST-Intake)

The Client Evaluation of Self and Treatment, is a self-rating form completed by the client at the time of treatment intake. It includes short scales for treatment motivation (problem recognition, desire for help, treatment readiness), psychological functioning (i.e., self-esteem, depression, anxiety, and decision-making), and social functioning (i.e., childhood problems, hostility, risk-taking, and social consciousness). These scales provide a baseline for monitoring client performance and psychosocial changes during treatment, both at the client and the overall program levels. (Copyright 2005 Texas Christian University, Institute of Behavioral Research, Fortworth, Texas)

Criminal Thinking Scales (TCU CTS)

The Criminal Thinking Scales is designed to measure "Criminal Thinking." The self-rating form is completed at intake and used periodically to gauge individual and program level results. The six scales include Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization, and Personal Irresponsibility.

Educational/Vocational

An educational/vocational assessment will determine the educational aptitude and vocation interest of the offender. This assessment will be used to measure applied job skills in the areas of communication, problem solving and interpersonal skills. The results will provide a basis for educational needs of the offender based upon their interest in a long term occupation.

Psychological

Offenders with documented or observed mental health attributes will receive a psychological assessment by a licensed mental health clinician. The assessor will provide treatment or refer the offender to an appropriate program that will provide appropriate services.

Planning Treatment

Case Plan

Within seven days of the offenders intake and assessments, a multidisciplinary team (MDT), including the Deputy Probation Officer, education counselor, job readiness counselor, substance abuse treatment provider, and adult's family (when applicable), will meet with the probationer to develop a comprehensive,

individualized case plan based on the above risk and need assessment results. During this phase the probationer will check-in daily at the DRC to begin narcotics testing and receive assistance with identification documents for employability. The integrated case plan will identify the appropriate EBP interventions and an individualized schedule of treatment interventions to be provided to the offender.

Treatment Readiness

During the first week of assessments and case planning, the probationer will participate in a four part "Getting Motivated to Change" (copyright 2006 Texas Christian University Institute of Behavioral Research) curriculum designed to increase their intrinsic motivation to participate in cognitive interventions targeted at behavior change.

Phase Two

Treatment

The probationer will participate in structured behavioral, social learning and cognitive behavioral evidence-based interventions to target their prioritized criminogenic needs as determined by the risk and need assessment and the MDT. Treatment groups will be facilitated by Deputy Probation Officers and Community Based Organizations trained in principles of effective correctional interventions and cognitive behavioral curriculum.

Theoretical Model

The Day Reporting Center will use cognitive-behavioral treatment (CBT) for its core interventions. Cognitive-behavioral interventions utilize a problem-solving approach to help people identify and change the dysfunctional beliefs, thoughts, and patterns of behavior that contribute to their problems. Cognitive-behavioral theory draws from cognitive, behavioral, and social learning theories.

Cognitive therapy concentrates on thoughts, assumptions, and beliefs. With cognitive therapy, emergent adults are encouraged to recognize and to change faulty or maladaptive thinking patterns. Cognitive therapy is a way to gain control over inappropriate repetitive thoughts that often feed or trigger various presenting problems (Beck, 1995). For instance, in an emergent adult having trouble completing a math problem, a repetitive thought may be "I'm stupid, I am not a good student, I can't do math." Replacing negative thoughts with more realistic thoughts such as "This problem is difficult, I'll ask for help," is a well-tested strategy that has been found to help many emergent adults facing academic problems.

Behavioral therapy concentrates on specific actions and environments that either change or maintain behaviors (Skinner, 1974; Bandura, 1977). For instance, when someone is trying to stop smoking, they are often encouraged to change their daily habits. Instead of having their daily coffee upon waking—which may trigger the urge to have a cigarette—they are encouraged to take a morning walk. Replacing negative behaviors with positive behaviors is a well-known strategy to help change behaviors, particularly when the new behavior is reinforced.

Cognitive-behavioral interventions often include both cognitive restructuring and cognitive skills building. Cognitive restructuring focuses on changing the content of one's thoughts, whereas cognitive skills building emphasizes the development of new skill sets including problem-solving, decision-making, and assertiveness.

The distinctive features of cognitive-behavioral therapy are as follows:

- It is the most evidence-based form of psychotherapy.
- It is active, problem focused, and goal directed. In contrast to many “talk therapies,” CBT emphasizes the present, concentrating on what the problem is, and what steps are needed to alleviate it.
- It is easy to measure; because the effects of the therapy are concrete (i.e., changing behaviors), the outcomes tend to be quite measurable.
- It provides quick results; if emergent adults are motivated to change, relief can occur rapidly.

Interventions

Thinking for a Change (T4C)

Description: T4C is a cognitive-behavioral intervention for male adults that teaches and enhances social skills, problem solving and cognitive restructuring. T4C is governed by CBT principle; thinking (internal behavior) controls actions (external behavior). Therefore, it is necessary to target the thinking of emergent adults in order to change their actions that lead to criminal behaviors. T4C uses a combination of approaches to increase the awareness of self and others. The goal is to provide instruction and related experiences, so that participants are confident and motivated to use pro-social skills when faced with interpersonal problems and/or anti-social opportunities.

Dosage & Intensity: The curriculum is presented in small groups of 8 to 10 over 11 weeks (2 times a week). The group curriculum consists of 22 comprehensive lessons.

Targeted Criminogenic Need(s): Antisocial behavior, assaultive / fighting, disruptive group behavior, pro-criminal associates, gang affiliation, antisocial

peers, antisocial and procriminal attitudes / values / beliefs, lack of empathy, poor socialization, social isolation, impulsivity.

Aggression Replacement Training (ART)

Description: ART is a cognitive-behavioral skills training for high-risk emergent adults that involves structured learning, anger control, and moral reasoning.

Dosage & Intensity: The curriculum will be presented in small groups of 8 to 10 over 10 weeks (3 times a week).

- **Skillstreaming Training** – is a series of interpersonal skills that address various social situations and provides an alternative to aggressive behavior. The skills taught include: beginning social skills; advanced social skills; skills for dealing with feelings; alternatives to aggression; and planning skills. A 50-skill curriculum of prosocial behaviors is systematically taught. Participants role-play, practice, and receive feedback on the skill during the group sessions.
- **Anger Control Training** –Techniques for reducing and managing feelings of anger in difficult situations are introduced and role-played. The goal is to empower the participant by facilitating the use of positive anger control methods. This enables the participant to have a variety of options in dealing with a problem rather than the single option of aggression.
- **Moral Reasoning Training**– Moral reasoning includes a set of procedures designed to raise the participant's level of fairness, justice, and concern with the needs and rights of others. A new problem situation is presented to the group each week with each group member responding to questions to the moral dilemma presented in the scenario. This component is designed to help correct the participant's thinking errors and lead him to see that there are other ways of acting in different situations. Throughout the group discussion, participants are exposed to the different perspectives of other group members. The purpose of the discussion is to facilitate mature reasoning in order for the participant to make more mature decisions in social situations.

Targeted Criminogenic Need(s): Anger, chronic aggression, socially undesirable behaviors, antisocial thinking / immoral reasoning, impulsive behaviors, Antisocial behavior, assaultive / fighting, disruptive classroom behavior, antisocial and procriminal attitudes / values / beliefs, lack of empathy, poor socialization, social isolation, impulsivity, alcohol and illegal drug use.

Criminal Conduct and Substance Abuse Treatment

Description: Strategies for Self-Improvement and Change (SSC) was developed by Kenneth Wanberg and Harvey Milkman. It presents effective cognitive-behavioral treatment approaches for changing the behaviors of individuals who have both problems of substance abuse and criminal behavior.

Dosage & Intensity: The curriculum will be presented in small groups of 8 to 10 over a 9 to 12 month period. SSC consists of 12 treatment modules that are structured around 3 phases of treatment.

- Phase I: Challenge to Change. This phase involves the client in a reflective-contemplative process. A series of lesson experiences is used to build a working relationship with the client and to help the client develop motivation to change.
- Phase II: Commitment to Change. This phase involves the client in an active demonstration of implementing and practicing change. The focus is on strengthening basic skills for change and helping the client to learn key cognitive behavioral methods for changing thought and behavior that contribute to substance abuse and criminal conduct.
- Phase III: Ownership of Change. This phase, the stabilization and maintenance phase, involves the client's demonstration of ownership of change over time. This involves treatment experiences designed to reinforce and strengthen the commitment to established changes.

Targeted Criminogenic Need(s): Antisocial behavior, antisocial and procriminal attitudes / values / beliefs, impulsivity, alcohol and illegal drug use.

Relapse Prevention Therapy (RPT)

Description: RPT intervention strategies can be grouped into three categories: coping skills training, cognitive therapy, and lifestyle modification. Coping skills training strategies include both behavioral and cognitive techniques. Cognitive therapy procedures are designed to provide clients with ways to reframe the habit change process as learning experience with errors and setbacks expected as mastery develops. Finally, lifestyle modification strategies such as meditation, exercise, and spiritual practices are designed to strengthen a client's overall coping capacity.

Dosage & Intensity:

In clinical practice, coping skills training forms the cornerstone of RPT, teaching clients strategies to:

- (a) understand relapse as a process,
- (b) identify and cope effectively with high-risk situations,
- (c) cope with urges and craving,
- (d) implement damage control procedures during a lapse to minimize its negative consequences,
- (e) stay engaged in treatment even after a relapse, and
- (f) learn how to create a more balanced lifestyle.

Stabilizing Activities

Additionally, probationers will participate in programs aimed at increasing their skill levels in education, employment, parenting, and life skills. They will also be linked with pro-social activities in the community, such as faith based organizations, continuing education, and substance abuse support groups.

Education

Literacy and GED curriculum will be provided to increase probationers reading levels, and provide skills for employability.

Job Readiness and Training

Job Readiness and training can assist probationers with employment research, composing resumes, cover letters and assembling portfolios. DRC can assist with assessing a probationer's practical abilities and identifying (matching) transferable skills so as to properly engage in networking, preparation for interviews, and interviewing practice. Probationers will be encouraged to continue to develop positive networking relationships that will provide the probationer with continued social stability and eventual social permanence.

Life Skills

Life Skills interventions are based on an established curriculum that aids probationers in developing skills enabling them to become productive and self-sufficient adults. These interventions would focus on fostering methodic decision-making responsibilities and enhancing decision making skills. The interventions are intended to develop and improve communication and interpersonal skills which are essential to a probationer's newly established networks and support systems.

Community Collaboration

Probationers will be linked with faith-based organizations and substance abuse support groups.

Case Management/Reward Strategies

Case Planning

The overall goal of the parties involved in the multi-disciplinary team is to develop a plan to reduce the "criminogenic needs" of the emergent adult. Part of the program fidelity process includes the task of reassessing at various stages of treatment to ensure program effectiveness and probationer compliance.

The case managing Deputy Probation Officer (DPO) will monitor the probationer's progress throughout the program and update the offender's case plan as determined by the Multidisciplinary Team (MDT). The Probation Officer will review the individual case plans to assess (a) provision of prescribed EBP interventions and other activities, (b) accomplishment of case plan objectives during day reporting, and (c) timely update of the case plan for provision of aftercare services and transition to the field caseload. Monitoring will be executed through an assortment of techniques that track and evaluate the probationer's compliance. This reinforces vigilance on recognizing possible warning signs of non-compliance and need to modify treatment and services, thus reducing the risk for relapse before it occurs.

The case plan will include the following:

Pre-tests: In addition to the assessments conducted at intake, all participants shall be given a pre-treatment measure for each intervention within 3-5 days of their assignment to the intervention. The pre-treatment measure will be compared against the post-treatment measure to evaluate treatment effectiveness.

Progress Reports: The Deputy Probation Officer facilitating CBT interventions will complete a progress report evaluation for each participant after each class. The progress evaluation will include the provider's perception of probationer's attitude and progress to indicate any behavior changes.

Weekly Compliance Checks: The case managing Deputy Probation Officer will monitor and document the probationer's progress weekly, by monitoring the probationer's attendance, substance abuse testing, and progress notes to ensure the probationer's compliance.

Drug Testing: Probationers with a narcotics testing condition of probation will submit to narcotic testing as a means of compliance with conditions of probation. Test results will be tracked and recorded as based on the Addiction Severity Index (ASI). The ASI is traditionally used in the clinical setting and is designed to evaluate the nature and severity of the problems presented by substance abusers at the start of their treatment and subsequently after discharge. Drug testing will vary among probationers as to their specific tailored case plan and can be adjusted accordingly by the DPO and MDT. For example, a probationer who is in compliance for a specified duration of time can have their testing requirements adjusted so as to reflect a positive standing with their program criteria and upcoming court report. Consequently, should a probationer fail to comply with the drug testing (fail to appear), or test positive after repeated efforts by the DPO and MDT, sanctions may be imposed. Sanctions can include increasing the number of hours or days required to report to the DRC, increasing the number drug testing appointments, deduction of points from a merit ladder, or if necessary, a tentative return to court for judicial admonishment for failing to comply with the conditions of probation.

Breathalyzer: Probationers may be required to undergo a breath analyzer test at the moment of "check-in" at the DRC. This serves to ensure the probationer reports to the program sober and prepared to participate in interventions and treatment programs. This also serves to ensure the DRC program staff can identify those participants who may become a distraction to the treatment process or participants that may need additional services or interventions. Any positive result for alcohol use will be documented and noted in the probationer's case file. The incident will be discussed, reviewed, and key issues pertaining to the positive test will be addressed. The DRC will determine if modifications and adjustments to the case plan are needed, or if necessary to impose graduated sanctions.

Progress Notes (file documentation): During the probationer's intervention treatments, activities, counseling sessions, the DPO and MDT will document the probationer's progression. Progress notes will be used to periodically evaluate the probationer's response to group interventions, individual counseling, drug testing, attendance, and any additional points of interest. The ongoing documentation will assist in periodic adjustments and preventive measures to the probationer's case plan. Progress notes (file documentation) of the Probationer's progress is essential for the DRC, for it serves to maintain accuracy of the client's changing needs, proper documentation of the case plan, and aids in preserving DRC program fidelity.

Monthly Case Plan Updates: The case managing Deputy Probation Officer will meet and confer with the multi-disciplinary team monthly to discuss the probationer's criminogenic needs; progress in EBP treatments, educational, job placement, life skills, parenting, counseling and other issues pertaining to their program. The Deputy Probation Officer will update the offender's case plan as determined by the MDT, and notify the probationer of any changes.

Post tests: After the completion of Phase Two, when the offender has successfully completed EBP interventions and exhibited positive behavioral change, the offender will be reassessed to measure overall treatment effectiveness and behavior change. The probationer's case file will be reviewed by the MDT who will review documentation, past probation reports, test results, and comparisons of the pre-test and post-test. Should the probationer's completion of interventions reflect a positive level of adjustment and compliance, the probation can advance to Phase Three (3).

Reward Strategies

Research indicates that a ratio of four instances of positive reinforcement for every one instance of negative reinforcement is optimal for promoting lasting behavior change. Applying principles of positive reinforcement through a structured offender behavior management system encourages program participation and reinforces positive change which is an essential component of effective probation supervision. Changed behaviors and acquired skills that are not adequately and continuously reinforced are often not retained. Therefore, positive reinforcement, verbal affirmations from staff and consistent, standardized rewards, will be incorporated to support positive behavioral change and self-efficacy of the offender.

Probationers will receive merit points based upon positive behavioral change on a weekly basis.

Probationers who have successfully completed an intervention will receive recognition with a certificate and graduation celebration.

Successful completion of all interventions and positive behavioral change as evidenced with merit points may result in the transfer to a reduced supervision caseload.

Sanctions

Probationers who demonstrate negative behavior or non-compliance with program rules will not earn weekly merit points.

Probationers who do not successfully complete an intervention will require further modifications or extensions to the probationer's case plan. MDT will reassess

the level and stage of treatment to ensure program effectiveness and probationer compliance. Should a probationer continue to display resistance or non-compliance with their case plan, sanctions can gradually escalate from intensifying treatment to a possible return to court for admonishment.

The goal of the graduated sanction process is to retain the probationer in the program. Research indicates that the longer an individual stays in the program the greater the outcomes (up to approximately twelve to eight months at which point there is a diminishing effect). Therefore, graduated sanctions should vary depending on the individual circumstances and can pertain to a one-time negative MDT evaluation that may apply to a specific isolated instance of non-compliance for the purpose of gaining compliance. However, probationers who continue to demonstrate resistance to interventions, lack participation, or display non-compliance with their conditions of probation will return to court.

Example: A probationer fails to report to the Day Reporting Center, so as a possible sanction the DPO will discuss the matter with the probationer and help the probationer think through his actions, understand potential consequences, and explore alternative means of dealing with the reasons for non-compliance. A probationer who continues to lapse in reporting the required two days a week may then have the number of reporting days to DRC increased from two times to four times a week. The sanction may be used on a temporary basis until compliance is achieved, or extended given the degree of non-compliance. The intention is to allow time for the increased interventions to address key issues that affect the probationer level of motivation and compliance.

Example: Probationers may further have their required DRC reporting time increased from four hours a day to six or even eight hours a day. Again, the hourly increases are intended to be used constructively, incrementally, and provide time for increased interventions to address key issues that affect the probationer. The DRC will continue to monitor and adjust sanctions accordingly as reflections in compliance come about allowing the probationer to realize the benefits of intervention rather than escalating consequences.

The Probation Officer will submit to the court a progress report detailing the probationer's non-compliance. The court report will entail pertinent MDT information as well as any relevant documentation that properly informs the court of the probationer's circumstances. Consequently, clients may receive an admonishment from the court, or per judicial order may have their interventions increased, electronic monitoring imposed, the conditions of probation modified, or to face termination from the DRC Program and subsequently be sentenced.

Phase Three

Support Networks/Reentry Skills

Prior to completion of the probationer's day reporting program and reassignment to probation supervision at an Area Office, the MDT will assist the offender in developing a structured aftercare relapse prevention plan that will incorporate building pro-social support networks while building a suitable accountability plan to ensure successful transition.

The relapse prevention plan will build upon protective factors and strengths of the probationer. The plan will document the probationer's potential barriers to success, triggers to relapse, solutions to address the problem and community based resources when help is needed.

The plan will include a list of items needed to make a successful transition such as Identification, Resume, Housing, Medical Care, Support Groups, Transportation, Employment, etc.

The probationer will not be transferred to regular supervision until the MDT determines they have met their treatment goals.

Program Completion (Exit)

The LS/CMI pre-test is initially conducted during the early stage of Phase One. The pre-test evaluation is designed to determine the criminogenic risk/needs and responsivity factors which aid in tailoring the appropriate services. Subsequently, when the probationer has successfully adhered to and completed their Day Reporting Center Program, the LS/CMI post-test shall be conducted. The post-test is used to review and compare analysis in conjunction with the earlier administered pre-test. The results are reviewed to assess the overall changes in criminogenic needs and risk of probationer. Additionally, the probationer will complete the Criminal Thinking Scales, and Client Evaluation of Self and Treatment, Intake Version self-assessments to be utilized for program evaluation purposes.

Probationers with verified stable employment/income and housing or stable means of support who reassess at or below an overall risk score of 20, will be transitioned out of the Day Reporting Center and reassigned to a regular supervision "High Risk" caseload at a regional Area Office for the remainder of their probation grant.

Demonstration Project Comparison Group Model

Demonstration project subjects assigned to the comparison group will be placed on an Adult Gang/High Risk Offender Caseload.

Orientation

Once the emergent adult probationer arrives at their assigned Area Office the intake process begins. The offender will meet his Deputy Probation Officer for Orientation and Assessment. All probationers will be provided with information regarding the conditions of probation as well as their participation and expectations of supervision while assigned to the demonstration comparison group model (Adult Gang or HRO Caseload).

Assessment

All medium and high risk adults on Probation will receive a Level of Service Case Management Inventory (LS/CMI) assessment to identify their criminogenic risks and needs.

Case Plan

Based upon the court ordered treatment and LS/CMI, the DPO will provide the probationer with a list of CBO referrals and instruct them on reporting to the office, and payment of probation fines and restitution.

Supervision

The Gang/HRO Deputy Probation Officer will provide direct community service, work with law enforcement and supervise the gang members. All probationers on the Adult Gang Caseload are required to have one to two "face-to-face" in office contacts monthly with the assigned DPO. If the probationer is working full time or is in school or training full time, then, with Supervising Deputy Probation Officer (SDPO) approval, the probationer can have one monthly in-office contact with the assigned DPO.

Community contact at the probationer's home, place of employment, school, community-based organization, or other field contact will be conducted by a Mobile Unit DPO whenever the following apply:

- The probationer has missed one in-office contact
- The probationer has misses a second consecutive in-office contact. (Regardless of the Mobile Units contact with the probationer, violation procedures shall be instituted, notifying the court of the probationer's failure to comply with reporting requirements.)
- The case is a new intake to verify residence.

- The case is considered high profile.
- The probationer is out of compliance with the conditions of probation.
- The probationer is considered a high-risk to the community (with SDPO approval).

The DPO will document each contact made with the probationer on the day of contact, in the Adult Probation System (APS).

The DPO will continuously assess the probationer's compliance with the terms of probation (i.e., payments of probation fines and restitution, program completion, etc.).

Program Evaluation

Research Design

The following research design proposal is intended to investigate the following demonstration project question: Will the design and implementation of evidence-based interventions within a structured Day Reporting Center located in a Los Angeles County gang hot spot increase public safety, reduce criminogenic risk and behaviors, reduce recidivism and reduce the number of emerging adult offenders going to county jail and state prison?

Demonstration Project Hypotheses

A prospective quasi-experimental repeated measures between groups design will be used to test the following demonstration project hypotheses:

1. The implementation of evidence-based interventions within a Day Reporting Center in a Los Angeles County gang hot spot will significantly improve public safety.
2. The implementation of evidence-based interventions within a Day Reporting Center in a Los Angeles County gang hot spot will significantly reduce criminogenic risk and criminal behaviors.
3. The implementation of evidence-based interventions within a Day Reporting Center in a Los Angeles County gang hot spot will significantly reduce recidivism within our target population.
4. The implementation of evidence-based interventions within a Day Reporting Center in a Los Angeles County gang hot spot will significantly increase successful completion of probation within our target population.

5. The implementation of evidence-based interventions within a multidisciplinary Day Reporting Center in a Los Angeles County gang hot spot will significantly reduce the number of gang members sentenced to state prison.

6. The implementation of evidence-based interventions within a Day Reporting Center in a Los Angeles County gang hot spot will significantly reduce the number of gang members sentenced to county jail and reduce number of county jail bed days.

Independent Variable:

The independent variable will be treatment condition / group assignment defined on two nominal levels:

- 1) DRC Treatment Group
- 2) Demonstration Project Comparison Group

Group Size and Group Assignment:

All program referrals made meeting the inclusion criteria and failing to meet the exclusion criteria (see Demonstration Project Inclusion Criteria section) will define the demonstration project program population. Subjects will be systematically assigned to the two treatment conditions in a chronological manner (i.e., subjects will be assigned by consistently alternating referrals to either the DRC Treatment Group or the Comparison Group). In order to complete the statistical analyses as described below, a minimum sample of 150 subjects completing the program requirements within each treatment condition will be required.

Demographic and Criminogenic / Responsivity Variables:

Prior to statistically evaluating the defined project hypotheses, statistical comparisons will be performed on the following variables to assess for baseline differences on each characteristic between the two treatment conditions. If any statistically significant differences are identified ($p < .05$), those variables will be controlled during hypothesis testing.

BASELINE PRETREATMENT VARIABLES	OPERATIONAL DEFINITION
Risk	Modified Wisconsin risk assessment total score.
Age	Age at time of baseline assessment.
Ethnicity	Nominal ethnic classifications
Primary language	Nominal language classifications
Educational status	Ordinal classification of highest grade

Mental health history	Number of prior mental health episodes and number of prior hospitalizations
Marital status	Nominal marital status classifications defined at time of baseline assessment
Employment status	Nominal employment status classifications defined at time of baseline assessment
Age at first arrest	Interval data: computed from DOB and date of first arrest
Number of prior juvenile and adult convictions	Interval data defined at time of baseline assessment.
Gang membership / affiliation	Nominal gang affiliation classifications defined at time of baseline assessment
Felony charge	Nominal felony charge status
Zip code	Nominal classification of home address
Length of time remaining on formal probation	Interval data defined at time of baseline assessment.

Treatment Outcome Variables:

In order to evaluate treatment effectiveness as defined in the demonstration hypotheses, the following treatment outcome variables will be evaluated over time on subjects within both the treatment and comparison groups at baseline / pretreatment and at 3-month intervals during the demonstration project duration and at 6-month follow-up.

TREATMENT OUTCOME VARIABLES	OPERATIONAL DEFINITION
Treatment Readiness	Client Evaluation of Self and Treatment: scales for treatment motivation (problem recognition, desire for help, treatment readiness), psychological functioning (i.e., self-esteem, depression, anxiety, and decision-making), and social functioning (i.e., childhood problems, hostility, risk-taking, and social consciousness).
Risk	LS/CMI: Criminal history; educational/employment; family / marital; leisure / recreation; companions, alcohol / drug problem; procriminal attitude / orientation; and antisocial pattern.
Program attendance and completion status	Measures will include attendance, duration, and dosage and completion status.

DRC Treatment Outcome Variables:

In order to evaluate DRC treatment effectiveness, the following DRC interventions will be evaluated pre/post-treatment on subjects within the DRC treatment group.

DRC TREATMENT OUTCOME VARIABLES	OPERATIONAL DEFINITION
Substance Use	Addiction Severity Index (ASI): Medical status; employment and support; drug use; alcohol use; legal status; family / social status and psychiatric status
Psychological Functioning	The Global Assessment of Functioning (GAF) is a numeric scale (0 through 100) used by mental health clinicians and doctors to rate the social, occupational and psychological functioning of adults
Educational / Vocational	The educational/vocational assessment will determine the educational aptitude and vocation interest of the offender. This assessment will be used to measure applied job skills in the areas of communication, problem solving and interpersonal skills.
Criminal Thinking	Criminal Thinking Scales (TCU CTS): The six scales include Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization, and Personal Irresponsibility.

Probation Completion Outcome Variables:

In order to evaluate the demonstration hypotheses identified above, the following long-term probation outcome variables will be assessed between groups at time of completion of probation and at 6-month intervals over a 2-year period after termination from probation.

PROBATION OUTCOME VARIABLES	OPERATIONAL DEFINITION
Recidivism	Number of subjects arrested within 2 years after completion of probation.
	Number of subjects convicted within 2 years after completion of probation.
	Number of subjects convicted of gang related offenses.
	Number of subjects sent to state prison.
	Number of county jail bed days.
Public Safety	Number of subjects that complete probation without a subsequent arrest.
	Number of subjects that complete probation without a subsequent conviction.

	Number of subjects that complete probation without a court-ordered technical violation.
Completion of Probation	Number of subjects that successfully complete their court-ordered restitution.
	Number of subjects that successfully complete their court-ordered community service.
	Number of substance abusing subjects testing negative for use of drugs after being on probation for 180 days or more.
Educational Achievement	Number of eligible subjects that obtain their high school diploma by the completion of probation.
	Number of eligible subjects that obtain their GED by the completion of probation.
	Number of eligible subjects that successfully enroll in vocational education by the completion of probation.
	Number of eligible subjects that successfully enroll in a 2-4 year college by the completion of probation.
Employment	Number of eligible subjects employed at the completion of probation.

Statistical Analyses:

In order to test the demonstration project research hypotheses the following phases of data analyses will be performed. All statistical analyses will be evaluated at the 0.05 level of significance,

Phase 1:

Demographic and Criminogenic / Responsivity Analyses: Pre-treatment between group comparisons (Chi-square or t-tests) will be conducted (on those variables identify in the Demographic and Criminogenic / Responsivity Variable Section) to assess for homogeneity between groups. If statistically significant differences are identified ($p < .05$), those variables will be controlled during treatment outcome and probation completion analyses below.

Phase 2:

Treatment Outcome Analyses: Repeated measures between group ANOVAs will be conducted on those variables identify in the Treatment Outcome Variables section to assess DRC treatment effectiveness.

Phase 3:

DRC Treatment Outcome Analyses: Within group ANOVAs will be conducted on those variables identified in the DRC Treatment Outcome section to evaluate DRC treatment effectiveness.

Phase 4:

Probation Completion Outcome Analyses: Repeated measures between group ANOVAs will be conducted on those variables identify in the Probation Completion Variables section to assess long-term probation outcomes.

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Definition of Terms

Assessment: evaluation or appraisal of a youth's suitability for placement in an intervention or specific treatment modality/setting. Results are integrated in the youth's case plan and include risk/need assessment and secondary assessments that focus on special and/or specific areas related to the individual youth's requirements for successful completion of sentence and reintegration into the community.

Behavioral: set of actions and reactions of persons or things made in response to external and internal stimuli (cues).

Case plan: written plan of action for each youth that addresses his/her criminogenic needs in addition to other primary objective(s) as determined by the information obtained from the Multidisciplinary Team (MDT).

Client outcome: a measurable outcome that indicates the impact of Probation programs, interventions, and/or treatments on the youth participant.

Cognitive: mental process involvement awareness, perception, reasoning and judgment.

Cognitive-Behavioral Therapy (CBT): form of intervention based on the fact that thoughts cause feelings and behaviors. People can therefore change the way they think with the goal of feeling or acting better. CBT is directive and structured (with a written curriculum/manual/training usually in a group setting). It does not tell clients *what* to do, but teaches clients *how* to do. Cognitive-Behavioral therapists identify and treat difficulties arising from an individual's irrational thinking, misperceptions, dysfunctional thoughts, and faulty learning. The goals are to restructure one's thoughts, perceptions, and beliefs. Such restructuring facilitates behavioral and emotional change.

Cognitive skills: set of thinking skills such as problem solving, communication, critical reasoning, anger management, and other thought and behavior combinations that are necessary for successful reduction of risk, behavior change, and reintegration into the community.

Cognitive restructuring: the process to reshape the basic set of thinking patterns that drive behaviors. As opposed to cognitive skills, restructuring focuses on underlying attitudes, beliefs, values, expectations, thinking patterns and other related cognitive structures, which maintain a youth's harmful, anti-social behavior.

Core correctional practices: The core correctional practices (or CCPs) identified in the 'what works' literature suggest that key features of effective practice with offenders include the quality of the interpersonal relationship, the effective use of authority, anti-criminal (or pro-social) modeling and reinforcement, problem solving, and use of community resources.

Criminogenic: something that leads to or causes criminal behavior to occur. Relating to characteristics or factors identified by research as predictors of crime and/or related recidivism.

Criminogenic need: attributes of offenders that are directly linked to criminal behavior, have predictive qualities, are dynamic or changeable in nature (such as employment and peer interaction), and therefore can be influenced through circumstances, programming, or changes in attitude.

Criminogenic risks: characteristics that are directly related to researched causation of crime or re-offense, and are static or non-changeable in nature (e.g., age at first offense and number of prior offenses).

Day Reporting Center: an assessment-driven program model, incorporating a 3-phase protocol. Each client's criminogenic, educational, vocational and substance abuse treatment needs are assessed using research-validated instruments. Results from these evaluations, combined with the client's responsiveness to treatment, guide the client's movement through the program's phases.

Dosage: the amount of treatment (typically expressed in hours) that is required to address identified levels of criminogenic or other needs of offenders.

Evidence-based practices (EBP): progressive, organizational use of direct, current scientific evidence to guide and inform effective and efficient juvenile justice services.

EBP principles: 8 principles established by the National Institute of Corrections that are used as a guideline for determining evidence-based interventions/treatments.

Gang affiliation: for the purpose of this demonstration project, gang affiliation will be defined utilizing the Cal-gang system. Cal-Gang is a cooperative project between California local law enforcement agencies and the Department of Justice, and monitors gang members within California. The system allows local law enforcement agencies to electronically share information on criminal street gangs and gang members via a statewide network of computers.

Gang hot spot: Defined geographical areas within Los Angeles County with a high incidence and prevalence of known gang activity and crime.

High Risk: As defined by the Modified Wisconsin Risk Assessment 15 or greater.

Measure: indicator used to determine how well a program, agency, or service system is working.

Motivational interviewing: a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. The conceptual framework in motivational interviewing reframes denial as ambivalence, redefines confrontation and emphasizes the use of motivational strategies designed to resolve ambivalence impasses. It acknowledges that many people experience ambivalence when deciding to make changes – they both want and don't want to change. The aim is not to immediately focus on the action of changing, but working to enhance motivation to change.

Outcome: the result or a measurement to determine whether youth have changed; this measurement analyzes intermediate and longer-term objectives (e.g., change in criminogenic needs or antisocial thinking).

Outcome evaluation: an evaluation to determine whether or not the youth has changed as a result of program participation.

Outcome measurement: the regular, systematic tracking of the extent to which program participants experience the benefits or changes intended.

Performance indicator: quantifiable measurements, agreed to beforehand, that reflect critical success factors. Also, measures for which data are available that reflect achievement of an outcome and answer the questions: 1) what was achieved and; 2) how do we know that the change or result we wanted occurred.

Positive reinforcement: a behavioral reinforcer that increases in the likelihood of a behavior due to the addition of a reinforcer after a behavior.

Post-test: The use of an assessment instrument (or observation form) at the end of treatment to determine post-treatment functioning. Treatment effectiveness / treatment outcome is evaluated by statistically analyzing pre-post test score differences.

Pre-test: The use of an assessment instrument (or observation form) prior to the beginning of treatment to determine baseline functioning.

Program: set of interventions, treatments, or other activities that are designed to address one or more specific criminogenic needs of a target group (i.e., youth and/or adults).

Program evaluation: an evaluation that may consist of evaluating goals/objectives, processes, and/or outcomes.

Psycho-educational: education focused mainly on the mind: thinking, emotions, and interactions between the two.

Recidivism: relapse into a previous undesirable type of criminal behavior, re-conviction, return to an institution, or a revocation. Rates of recidivism are also determined based on a pre-determined length of time such as the period under which the individual was under supervision or a period of years after discharge from correctional or court authority.

Responsivity: the delivery of services in a manner that is consistent with the ability and learning style of an offender. The basic assumption underlying the responsivity principle is that neither offenders nor programs are all the same. Better treatment results occur through proper matching of delinquent or youth characteristics (culture, empathy, cognitive ability, maturity, gender, learning styles, etc.) and service characteristics (location, structure, length, dosage, methodology, facilitator traits, etc.). These differing characteristics influence how youth or adults respond to efforts to change their behavior, thoughts and attitudes.

Risk level: risk of committing a new crime or delinquent act; operationally defined by the LS/CMI as low, moderate and high.

Risk/needs assessment: a comprehensive assessment that includes both dynamic and static criminogenic factors using actuarial statistic methodology. Static factors include such elements as the client's educational, employment, familial, medical, criminal, drug abuse, and other history while dynamic factors focus on such things as changing attitudes, beliefs, and thinking patterns. A risk/needs assessment usually includes a recommendation for interventions, supervision levels, and in some cases sentencing if a new crime is involved.

Risk reduction: a term that refers to reducing the risk of re-offense (committing a new crime once under court or Department of Corrections supervision). It is often associated with the previous use of the term rehabilitation.

Social learning: a theory popularized by Bandura that identifies the primary manner in which we learn through observing and modeling the behaviors, attitudes, and emotional reactions of others followed by individual practice of these thoughts and behaviors. It emphasizes positive reinforcement/consequences, sanctions/rewards, approval/ disapproval.

Stages of change model: This model suggests that individuals or groups pass through six stages when changing behavior: pre-contemplation, contemplation, preparation, action, maintenance, and relapse. The stages they pass through are: pre-contemplation (no consideration of changing); Contemplation (thinking about changing); Preparation (making plans to change); Action (actually in the process of changing); and Maintenance (working to prevent relapse). These stages are not linear; people tend to move back and forth fluidly between stages, and relapse to a prior stage is always possible. In fact, people can relapse to any stage, but a return to pre-contemplation is least likely.

Target population: All individuals belonging to a certain group who have a distinct set of qualities as defined by inclusion and exclusion criteria.

Treatment: a planned sequence of learning opportunities delivered to youth with the objective of reducing their subsequent delinquent recidivism.

Treatment outcome: Treatment effectiveness / treatment outcome is evaluated by statistically analyzing pre-post test score differences to determine if a significant improvement has occurred as a result of the intervention.

SB 81
DAY REPORTING CENTER (DRC) PILOT PROJECT
COUNTY OF LOS ANGELES PROBATION DEPARTMENT
PROPOSED BUDGET

FORM I

Grant Period: August 24, 2007 through August 23, 2010

	07/01/07 - 06/30/08	07/01/08 - 06/30/09	07/01/09 - 06/30/10	07/01/10 - 06/30/10	07/01/10 - 06/30/10
1. Salaries and Benefits	\$0	\$819,204	\$843,752	\$140,623	\$1,803,579
2. Services and Supplies	\$0	\$102,779	\$33,846	\$6,663	\$143,288
3. Professional Services	\$0	\$364,684	\$422,928	\$70,488	\$858,100
4. CBO Contracts	\$0	\$0	\$928,105	\$0	\$928,105
5. Indirect Costs	\$0	\$0	\$0	\$0	\$0
6. Fixed Assets/Equipment	\$0	\$214,337	\$0	\$0	\$214,337
7. Other	\$0	\$422,753	\$547,004	\$82,834	\$1,052,591
TOTAL ALLOCATION	\$0	\$1,923,757	\$2,775,635	\$300,608	\$5,000,000

**Day Reporting Center
SB 81 Pilot Project
BUDGET NARRATIVE**

BUDGET LINE ITEM DETAILS:**1. SALARIES AND BENEFITS (e.g., number of staff, classification, salary and benefits)****FY 08/09: July 1, 2008 – June 30, 2009**

1. One (1) Supervising Deputy Probation Officer (SDPO) at 100% at a rate of \$6,926 for **12 months**, less salary savings of 6.3900% to provide supervisory oversight of staff (Deputy Probation Officers and clerical support staff) assigned to the Day Reporting Center. The SDPO will also be responsible for the case assignment of program participants of the demonstration or control group.
2. Six (6) Deputy Probation Officer IIs (DPOII) at 100% at a rate of \$6,245 for **12 months**, less salary savings of 6.3900% to provide evidence based treatment interventions to program participants including assessment, case planning and supervision. One DPOII will also provide job readiness and training assistance to program participants.
3. Two (2) Intermediate Typist Clerks at 100% at a rate of \$3,066 for **12 months**, less salary savings of 6.3900% to provide clerical support to the program staff. Their duties will include receptionist coverage and assisting DPOIIs in gathering and copying intervention materials.

FY 09/10: July 1, 2009 – June 30, 2010

1. One (1) Supervising Deputy Probation Officer (SDPO) at 100% at a rate of \$7,134* for **12 months**, less salary savings of 6.3900% to provide supervisory oversight of staff (Deputy Probation Officers and clerical support staff) assigned to the Day Reporting Center. The SDPO will be also responsible for the case assignment of program participants of the demonstration or control group.
2. Six (6) Deputy Probation Officer IIs (DPOII) at 100% at a rate of \$6,432* for **12 months**, less salary savings of 6.3900% to provide evidence based treatment interventions to program participants including assessment, case planning and supervision. One DPO will also provide job readiness and training assistance to program participants.
3. Two (2) Intermediate Typist Clerks at 100% at a rate of \$3,158* for **12 months**, less salary savings of 6.3900% to provide clerical support to the program staff. Their duties will include receptionist coverage and assisting DPOIIs in gathering and copying intervention materials.

*Salary rate includes a 3% cost of living adjustment above current FY 2008-2009

FY 2010/2011: July 1, 2010 – August 31, 2010

1. One (1) Supervising Deputy Probation Officer (SDPO) at 100% at a rate of \$7,134* for **2 months**, less salary savings of 6.3900% to provide supervisory oversight of staff (Deputy Probation Officers and clerical support staff) assigned to the Day Reporting Center. The SDPO will be also responsible for the case assignment of program participants of the demonstration or control group.
2. Six (6) Deputy Probation Officer IIs (DPOII) at 100% at a rate of \$6,432* for **2 months**, less salary savings of 6.3900% to provide evidence based treatment interventions to program participants including assessment, case planning and supervision. One DPO will also provide job readiness and training assistance to program participants.
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2. SERVICES AND SUPPLIES (e.g., office supplies, staff travel and training costs)

FY 08/09

1. Nine (9) cell phones at \$99.00 with case at \$19.99 each for a total of \$1,071 will be required for mobile access to Probation Administration.
2. Cell phone usage for nine (9) cell phones at \$49.00 for 900 minutes for a total of \$441 per month for **12 months** (\$5,292).
3. Mileage/travel for grant staff: \$4,000
4. Cost of training, training supplies and related materials for interventions and assessment tools: \$50,000.
5. Automation of assessment tools: \$24,000.00.
6. Transportation (bus tokens for participants in need of transportation assistance): \$18,416

FY 09/10

1. Cell phone usage for nine (9) cell phones at \$49.00 for 900 minutes for a total of \$441 per month for **12 months** (\$5,292).
2. Mileage/travel for grant staff: \$4,000
3. Transportation (bus tokens for participants in need of transportation assistance): \$24,554.

FY 10/11

1. Cell phone usage for nine (9) cell phones at \$49.00 for 900 minutes for a total of \$441 per month for **2 months** (\$882).
2. Mileage/travel for grant staff: \$1,689

3. Transportation (bus tokens for participants in need of transportation assistance): \$4,092.

3. PROFESSIONAL SERVICES: (e.g., contract with an expert consultant)

FY 08/09

1. **Two (2) security guards** at a rate of \$11,500 per month for **9 months** to provide security screenings of all program participants entering the Day Reporting Center.
2. **One (1) Clinical Psychologist II** (Department of Mental Health or Department of Health and Human Services) at a rate of \$6,994 per month for **11 months** to provide mental health assessments and services. To plan, implement or evaluate treatment plans using counseling treatment interventions.
3. **Two (2) Certified Drug and Alcohol Counselors** (Alcohol and Drug Program Administration) at a rate of \$11,667 for **11 months** to provide services related to drug and alcohol treatment in order to prevent, diagnose and treat alcohol and drug dependency problems among program participants. To plan, implement or evaluate treatment plans using counseling treatment interventions.
4. **One (1) Education Specialist** at a rate of \$5,083 per month for **11 months** to provide educational assessments and guidance to program participants.

FY 09/10

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4. **One (1) Education Specialist** at a rate of \$5,083 per month for **2 months** to provide educational assessments and guidance to program participants.

4. COMMUNITY-BASED ORGANIZATIONS (e.g., contract with a CBO for expert consultant services)

FY 08/09 – No projected expenditures

FY 09/10

The proposed grant funding of \$928,105 (**12 months of funding**) will be used to explore contract/s with CBO's to provide evidence based treatment interventions, including vocational training, to program participants.

FY 10/11 – No projected expenditures

5. INDIRECT COSTS: Indicate percentage and how calculated. This total may not exceed 10% of the grant funds.

6. FIXED ASSETS (e.g., computers and other office equipment necessary to perform project activities)

FY 08/09

1. One (1) laptop computers at \$2,027 each for the Supervising Deputy Probation Officer who will be required to access data information and probation information systems from remote locations throughout the county.
1. \$20,000 for security guard supplies such as metal detectors and other items to be utilized by the security guards to ensure the safety of staff and program participants.
2. Ten (10) computer desktops at \$2,027 each to be utilized by the Day Reporting Staff, SDPO, DPOs, and contracted treatment providers.
3. Twenty (20) computer desktops at \$2,027 each to be utilized by the program participants at the Day Reporting Center for educational purposes and job readiness.
4. \$131,500 to purchase furniture and office equipment for the day reporting center to be utilized by the probationers and staff. The request includes items such as tables, chairs, cubicle partitions, file cabinets, computers, printers, copiers, and fax machines.

7. OTHER

FY 08/09

1. Facility rental lease at a rate of \$41,417 per month for 9 months (\$372,753 total) for the purpose of providing a reporting and treatment facility for high-risk offenders.
2. Miscellaneous Costs, for example cost of licensing and implementation of additional therapy programs, etc.: \$50,000.

FY 09/10

1. Facility rental lease at a rate of \$41,417 per month for **12 months** (\$497,004) for the purpose of providing a reporting and treatment facility for high-risk offenders.
2. Miscellaneous Costs, for example cost of licensing and implementation of additional therapy programs, etc.: \$50,000

FY 09/10

Facility rental lease at a rate of \$41,417 per month for **2 months** (\$82,834) for the purpose of providing a reporting and treatment facility for high-risk offenders.